

Form 3A
(10/05)

United States Bankruptcy Court

District Of Illinois

In re Leila F Scott
Debtor

Case No. 08-03827

Chapter 7

APPLICATION TO PAY FILING FEE IN INSTALLMENTS

1. In accordance with Fed. R. Bankr. P. 1006, I apply for permission to pay the filing fee amounting to \$ 299.00 in installments.
2. I am unable to pay the filing fee except in installments.
3. Until the filing fee is paid in full, I will not make any additional payment or transfer any additional property to an attorney or any other person for services in connection with this case.
4. I propose the following terms for the payment of the Filing Fee.*
\$ 74.75 Check one ☐ With the filing of the petition, or
☒ On or before 3-15-08
\$ 74.75 on or before March 29, 2008
\$ 74.75 on or before April 12, 2008
\$ 74.75 on or before April 26, 2008
- * The number of installments proposed shall not exceed four (4), and the final installment shall be payable not later than 120 days after filing the petition. For cause shown, the court may extend the time of any installment, provided the last installment is paid not later than 180 days after filing the petition. Fed. R. Bankr. P. 1006(b)(2).
5. I understand that if I fail to pay any installment when due, my bankruptcy case may be dismissed and I may not receive a discharge of my debts.

Signature of Attorney _____ Date _____

X Leila Scott 3-1-08
Signature of Debtor Date
(In a joint case, both spouses must sign.)

Name of Attorney _____

Signature of Joint Debtor (if any) _____ Date _____

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
MAR 11 2008
KENNETH S. GARDNER, CLERK
PS REP. - SJ

Form 3A Contd.
(10/05)

United States Bankruptcy Court

District Of Illinois

In re Leila F Scott
Debtor

Case No. _____

Chapter _____

ORDER APPROVING PAYMENT OF FILING FEE IN INSTALLMENTS

☐ IT IS ORDERED that the debtor(s) may pay the filing fee in installments on the terms proposed in the foregoing application.

☐ IT IS ORDERED that the debtor(s) shall pay the filing fee according to the following terms:

\$ _____ Check one ☐ With the filing of the petition, or
☐ On or before _____

\$ _____ on or before _____

\$ _____ on or before _____

\$ _____ on or before _____

☐ IT IS FURTHER ORDERED that until the filing fee is paid in full the debtor(s) shall not make any additional payment or transfer any additional property to an attorney or any other person for services in connection with this case.

BY THE COURT

Date: _____

Kenneth S. Gardner, Clerk of the Court

CO. FILE DEPT. CLOCK NUMBER 080
UZF 703760 149000 AFM C003987369 1

Earnings Statement



First Student

FIRST STUDENT TRANSPORTATION LLC
705 CENTRAL AVENUE, SUITE 300
CINCINNATI, OHIO 45202

Period Beginning: 02/17/2008
Period Ending: 02/23/2008
Pay Date: 02/29/2008

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
IL: 0

LEILA F SCOTT
1505 LORELEI
APT. 305
ZION IL 60099-0000

Social Security Number: XXX-XX-2766

Earnings	rate	hours	this period	year to date
Regular	16.0800	22.75	365.82	3,536.17
Retro			50.97	50.97
Holiday				250.53
Meeting Pay				16.08
Non Driving				8.04
				3,861.79
Gross Pay			\$416.79	

Deductions

Statutory	
Federal Income Tax	-25.25
Social Security Tax	-25.19
Medicare Tax	-5.89
IL State Income Tax	-12.19
Other	
Dental Pre Tax	-10.46*
Life Insurance	-1.51
Union Dues	
Net Pay	\$336.30

* Excluded from federal taxable wages

Your federal taxable wages this period are \$406.33
Your IL taxable wages this period are \$406.33

Form

1040A

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2007

Label

(See page 15.)

Use the IRS label.

Otherwise, please print or type.

Presidential

Election Campaign

Filing status

Check only one box.

Exemptions

If more than six dependents, see page 18.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 21.

Enclose, but do not attach, any payment.

Adjusted gross income

Your first name and initial

Last name

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 15.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 15.

OMB No. 1545-0074

Your social security number

351 62 2766

Spouse's social security number

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 15).

You Spouse

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here.

4 ☐ Head of household (with qualifying person). (See page 18.)

If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widower with dependent child (see page 17)

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents

(1) First name	Last name	(2) Social security number	(3) You	(4) Spouse

Boxes checked on box 6a

None

None

None

None

None

None

None

None

None

None

None

None

d Total number of exemptions claimed.

None

None

7 Wages, salaries, tips, etc. Attach Form(s) W-2

20213 03

8a Taxable interest. Attach Schedule 1 if required.

- 0 -

b Tax-exempt interest. Do not include on line 8a.

- 0 -

9a Ordinary dividends. Attach Schedule 1 if required.

- 0 -

b Qualified dividends (see page 22).

- 0 -

10 Capital gain distributions (see page 22).

- 0 -

11a IRA distributions.

11a - 0 -

11b Taxable amount (see page 22).

- 0 -

12a Pensions and annuities.

12a - 0 -

12b Taxable amount (see page 23).

- 0 -

13 Unemployment compensation and Alaska Permanent Fund dividends.

13 2100 00

14a Social security benefits.

14a - 0 -

14b Taxable amount (see page 25).

- 0 -

15 Add lines 7 through 14b (far right column). This is your total income.

22313 03

16 Educator expenses (see page 25).

16 - 0 -

17 IRA deduction (see page 27).

17 - 0 -

18 Student loan interest deduction (see page 29).

18 - 0 -

19 Tuition and fees deduction. Attach Form 817.

19 - 0 -

20 Add lines 16 through 19. These are your total adjustments.

20 - 0 -

21 Subtract line 20 from line 15. This is your adjusted gross income.

21 22313 03

Form 1040A (2007)

Page 2

Tax, credits, and payments

Standard Deduction for—

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income)	22	22313	03
23a	Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind Total boxes checked <input type="checkbox"/> 23a			
b	If you are married filing separately and your spouse itemizes deductions, see page 30 and check here <input type="checkbox"/> 23b			
24	Enter your standard deduction (see left margin)	24	5350	00
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	16963	03
26	If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32.	26	3400	00
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income.	27	13563	03
28	Tax, including any alternative minimum tax (see page 30)	28	1645	00
29	Credit for child and dependent care expenses. Attach Schedule 2.	29	-0-	
30	Credit for the elderly or the disabled. Attach Schedule 3.	30	-0-	
31	Education credits. Attach Form 8863.	31	-0-	
32	Child tax credit (see page 85). Attach Form 8901 if required.	32	-0-	
33	Retirement savings contributions credit. Attach Form 8880.	33	-0-	
34	Add lines 29 through 33. These are your total credits.	34	-0-	
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-	35	1645	00
36	Advance earned income credit payments from Form(s) W-2, box 9.	36	-0-	
37	Add lines 35 and 36. This is your total tax.	37	1645	00
38	Federal income tax withheld from Forms W-2 and 1099.	38	1656	06
39	2007 estimated tax payments and amount applied from 2006 return.	39	-0-	
40a	Earned income credit (EIC).	40a	-0-	
b	Nonrefundable combat pay election.	40b		
41	Additional child tax credit. Attach Form 8812.	41	-0-	
42	Add lines 38, 39, 40a, and 41. These are your total payments.	42	1656	06
43	If line 42 is more than line 37, subtract line 37 from line 42. This is the amount you overpaid.	43	11	06
44a	Amount of line 43 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 44a		11	06
b	Routing number <input type="text"/>	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>			
45	Amount of line 43 you want applied to your 2008 estimated tax.	45	-0-	
46	Amount you owe. Subtract line 42 from line 37. For details on how to pay, see page 53.	46	-0-	
47	Estimated tax penalty (see page 53).	47		

Refund

Direct deposit? See page 52 and fill in 44b, 44c, and 44d or Form 8888.

Amount you owe

Third party designee

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☐ Yes. Complete the following. ☐ No

Designee's name Phone no. Personal identification number (PIN)

Sign here

Joint return? See page 15. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature <i>Leela Scott</i>	Date 3-5-08	Your occupation Bus driver	Daytime phone number (224) 789-4449
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature <input type="text"/>	Date <input type="text"/>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN <input type="text"/>	Phone no. <input type="text"/>	

Form 1040A (2007)



Illinois Department of Revenue

2007 Form IL-1040

Individual Income Tax Return

or for fiscal year ending / 0 8

tax.illinois.gov

Do not write above this line.

Step 1: Personal Information**A** Your Social Security numbers in the order they appear on your federal return

351-62-2766

Your Social Security number

- - - - -

Your spouse's Social Security number

B Place your label or print your personal information below

Your first name and initial

Your last name

Your spouse's first name and initial

Your spouse's last name (if different)

Mailing address

City

State

ZIP

C Filing status (see instructions)
☒ Single or head of household
 ☐ Married filing jointly
 ☐ Married filing separately
 ☐ Widowed
Step 2: Income**1** Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4

1 22313 103

2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ

2 - 0 - 1

3 Other additions to your income. **Attach** Schedule M.

3 - 0 - 1

4 Add Lines 1 through 3. This is your total income.

4 22313 103

Step 3: Base Income**5** Income received from Social Security benefits and certain retirement plans if included in Step 2, Line 1. **Attach** federal page 1.

5 - 0 - 1

6 Military pay earned if included in Step 2, Line 1. **Attach** military W-2.

6 - 0 - 1

7 Illinois Income Tax overpayment included in U.S. 1040, Line 10

7 - 0 - 1

8 U.S. Treasury bonds, bills, notes, savings bonds, and U.S. agency interest from U.S. 1040, Schedule B, or U.S. 1040A, Schedule 1

8 - 0 - 1

9 Other subtractions to your income. **Attach** Schedule M.

9 - 0 - 1

Check if Line 9 includes any amount from Schedule 1299-C ☐**10** Add Lines 5 through 9. This is the total of your subtractions.

10 - 0 - 1

11 Subtract Line 10 from Line 4. This is your Illinois **base income**.

11 22313 103

Step 4: Exemptions**12 a** Number of exemptions from your federal return

1 X \$2,000 a 2000 100

b If someone else claimed or could have claimed you or your spouse as a dependent on their return, see instructions to figure the number to write here.

X \$2,000 b - 0 - 1

c Check if 65 or older: ☐ You + ☐ Spouse =

X \$1,000 c - 0 - 1

d Check if legally blind: ☐ You + ☐ Spouse =

X \$1,000 d - 0 - 1

Add Lines a through d. This is your total Illinois exemption allowance.

12 2000 100

Step 5: Net Income**13 Residents only:** Subtract Line 12 from Line 11. This is your net income. **Skip** Line 14.

13 20313 103

14 Nonresidents and part-year residents only:Check the box that applies to you during 2007 ☐ Nonresident ☐ Part-year resident, and write the Illinois base income from Schedule NR. **Attach** Schedule NR. **14** - 0 -**Step 6: Tax****15 Residents:** Multiply Line 13 by 3% (.03). Write the result here. This is your tax.**Nonresidents and part-year residents:** Write the tax from Schedule NR.

This amount may not be less than zero.

15 609 39



Staple W-2 and 1099 forms here.

Staple your check here.


Step 7: Payments and CreditsNonresidents
may not claim
a credit on
Lines 19,
20, or 21.The total of
Lines 19, 20b,
and 21b may
not exceed
the tax
amount on
Line 16.

- 17 Illinois Income Tax withheld. **Attach** W-2 and 1099 forms. 17 612 140
- 18 Estimated payments from Forms IL-505-I and IL-1040-ES, including overpayment applied from Line 31 of your 2006 return 18 - 0 -
- 19 Income tax paid to another state while an Illinois resident. **Attach** Schedule CR and other states' returns. 19 - 0 -
- 20 Illinois Property Tax credit. **Complete PT Worksheet in Instructions.**
- PT Worksheet Line 3 amount 20a - 0 -
- PT Worksheet Line 8 amount 20b - 0 -
- 21 K-12 education expense credit. **Complete ED Worksheet in Instructions.** or **Schedule ED. Attach** receipt or Schedule ED.
- ED Worksheet or Schedule ED Line 1 amount 21a - 0 -
- ED Worksheet or Schedule ED Line 10 amount 21b - 0 -
- 22 Earned Income Credit. **Complete EIC Worksheet in instructions.**
- EIC Worksheet Line 1 amount 22a - 0 -
- EIC Worksheet Line 4 amount 22b - 0 -
- 23 Income tax credit amount from Schedule 1299-C. **Attach** Schedule 1299-C. 23 - 0 -
- 24 Add Lines 17, 18, 19, 20b, 21b, 22b, and 23. This is your payments and credits total. 24 612 140

Step 8: Overpayment or Tax Due

- 25 If Line 24 is greater than Line 16, subtract Line 16 from Line 24. This is your overpayment. 25 3 01
- 26 If Line 16 is greater than Line 24, subtract Line 24 from Line 16. This is your tax due. 26 56 199

Step 9: Penalty

- 27 Late-payment penalty for underpayment of estimated tax 27 - 0 -
- a Check if you annualized your income on Form IL-2210, Step 6, or if you are 65 or older and permanently living in a nursing home. **Attach** Form IL-2210. ☐
- b Check if at least two-thirds of your federal gross income is from farming.  ☐

Step 10: Donations Any donation will reduce your refund or increase the amount you owe

- 28 Amount you wish to donate to one or more of the following voluntary contribution funds:

Wildlife a Breast Cancer e Diabetes i

Child Abuse b Multiple Sclerosis f Autoimmune j

Alzheimer's c Military Family g Lung Cancer k

Homeless d IL Veterans' Home h

Add Lines a through k. This is your donations total.

28 - 0 -

- 29 Add Line 27 and Line 28. This is your penalty and donations total.

29 - 0 -**Step 11: Refund or Amount You Owe**

- 30 If you have an overpayment on Line 25 and this amount is greater than Line 29, subtract Line 29 from Line 25.

30 3 01

- 31 Amount from Line 30 that you want applied to 2008 estimated tax

31 - 0 -

- 32 Subtract Line 31 from Line 30. This is your refund.

32 3 01

- 33 Complete to direct deposit your refund

Routing number ☐ Checking or ☐ Savings

Account number

Direct DepositSee
instructions
for payment
options.

- 34 If you have tax due on Line 26, add Lines 26 and 29. **OR**
If you have an overpayment on Line 25 and this amount is less than Line 29, subtract Line 25 from Line 29. This is the amount you owe.

34 56 199**Step 12: Sign and Date**

Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Debra Scott

Your signature

3.5.08

Date

224-789-9449

Daytime phone number

Your spouse's signature

Date

Paid preparer's signature

Date

Preparer's phone number

Preparer's FEIN, SSN, or PTIN



If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001



If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

